

## PART B—ISSUE FEE TRANSMITTAL

142-1290

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
DAVID R SYROWIK BROOKS & KUSHMAN PC 1000 TOWN CENTER 22ND FLOOR SOUTHFIELD MI 48075		INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
		<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/593,095	01/29/96	027	PHAM, H	2505 02/04/97
First Named Applicant	BIEMAN, LEONARD H.			

TITLE OF INVENTION	SCANNING PHASE MEASURING METHOD AND SYSTEM FOR AN OBJECT AT A VISION STATION
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ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	MEDA-0124-PU	356-376.000	J20	UTILITY	NO	\$1290.00 05/05/97

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	BROOKS & KUSHMAN P.C.

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: MEDAR, Inc.		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Farmington Hills, MI 48335		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 02-3978 (ENCLOSE A COPY OF THIS FORM)	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
		(Authorized Signature) (Date)	
		David R. Syrowik 4-7-97	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

## Certificate of Mailing

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

810 BL 04/23/97 08593095  
1 142 129.00 CK

on: April 7, 1997 (Date)  
David R. Syrowik (Name of person making deposit)  
(Signature)  
April 7, 1997 (Date)

810 BL 04/23/97 08593095  
1 142 129.00 CK  
1 142 1,290.00 CK

1. TRANSMIT THIS FORM WITH FEE